

# WORK HISTORY, WORK QUALIFICATIONS & TRAINING DISCLOSURE QUESTIONNAIRE

Michigan Department of Labor and Economic Opportunity

Workers' Disability Compensation Agency

P O Box 30016, Lansing, MI 48909

The information you disclose in this questionnaire may be used by the magistrate to facilitate exchange of information as required by *Stokes v. Chrysler, LLC*, 481 Mich 266 (2008). Completion is voluntary. Completed forms should be exchanged among all parties and not sent to the Workers' Disability Compensation Agency. Use of this questionnaire does not limit the parties' rights to request further disclosure as provided in that decision.

## SECTION 1 – GENERAL INFORMATION

1. Name (First, Middle Initial, Last)		2. Social Security Number (Last four digits only) XXX-XX-	
3. Street Address	4. City	5. State	6. ZIP Code
7. Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, issuing state _____ Expiration date _____ Special endorsements or restrictions _____ If no, do you have a valid government issued photo I.D. card? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## SECTION 2 – EDUCATIONAL / VOCATIONAL/MILITARY BACKGROUND

8. Indicate the highest grade of school you have completed (0-12): _____						
9. Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, what year did you graduate? _____						
10. If you obtained a GED, what year did you obtain it (either the specific year or best estimate)? _____						
11. Do you have any other disabilities that might be a barrier to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: _____						
12. Can you read and write English? For example, can you read this form, newspapers, magazines etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No						
13. For each school you attended, provide the following information (please attach additional pages if necessary):						
	School Name	Address if known or City & State	Grade Completed	Degree/ Diploma	Course of Study	Years Attended
High School						
Vocational School						
College						
Post-graduate						
14. Have you completed any type of special job training, trade or vocational school? <input type="checkbox"/> Yes <input type="checkbox"/> No						
a. Type of training _____						
b. Date completed _____						
c. Certifications/licenses received _____						
d. Expiration date of certification/licenses _____						

Name \_\_\_\_\_

15. *Computer Experience/Access*

Please describe any computer skills/experience/training you have:

- a. Do you have access to the Internet?  Yes  No
- b. Do you have an e-mail address?  Yes  No
- c. Can you send and receive e-mail?  Yes  No
- d. Are you proficient in any of the following computer programs:
  - i. Microsoft Excel  Yes  No
  - ii. Microsoft Works  Yes  No
  - iii. Microsoft Word  Yes  No
  - iv. Microsoft Money  Yes  No
- e. Are you proficient in any computer programs other than those named above?  
If yes, please identify those programs in which you are proficient:  Yes  No

16. For any volunteer activities or hobbies in which you have participated, provide the following information:

Activity/Organization	Years of Involvement	Describe Your Activities

17. Have you been involved in any non-work activities in which you have had a leadership position, such as club president, committee chairperson, etc.?  Yes  No

If yes, please provide the following information (please attach additional pages if necessary):

Activity/Organization	Years of Involvement	Describe your activities

18. Have you served in the U.S. military?  Yes  No

Branch \_\_\_\_\_ Dates \_\_\_\_\_

Specialized training \_\_\_\_\_

If you were in the Army, list your Military Occupational Specialty (MOS) code; for the Air Force list your Air Force Specialty Code (AFSC); for the Navy, Marine Corps or Coast Guard, list your rank and type of discharge: \_\_\_\_\_

**SECTION 3 – EMPLOYMENT EXPERIENCE**

19. List in chronological order each and every job you have had since age 18, including any periods of self-employment, and provide the information requested. In addition, you are to complete one "Job Detail Form" for each job you list. If you have had more than five (5) jobs since age 18, please list the additional jobs on another sheet of paper. You may photocopy the Job Detail Form so that you have one form for each job you list.

Employer	Address if known or City & State	Type of Business	Job Title(s)	Dates of Employment
1.				to
2.				to
3.				to
4.				to
5.				to

Please list additional employers on another sheet of paper.

20. *Union Employment.* Do you now or have you ever worked through or out of a union hall?  Yes  No

If yes, please provide the following information (please attach additional pages if necessary):

Union Name	Local Number	Address if known or City & State

The above information, including any attachments, is true to the best of my knowledge. I understand that the information disclosed in this questionnaire may be used by the magistrate in determining my entitlement to workers' compensation benefits.

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_  
(Claimant **must** sign)

Claimant's Name \_\_\_\_\_  
(Printed or typed)

**IF YOU HAVE ATTACHED ANY ADDITIONAL PAGES, PLEASE INCLUDE YOUR FULL NAME AND THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER ON EACH ADDITIONAL PAGE.**

Completed forms should be exchanged among all parties and not sent to the Workers' Disability Compensation Agency.

LEO is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	Authority: 418.205, 418.221, R408.40b(2) Completion: Voluntary Penalty: None
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# JOB DETAIL FORM

**Please complete one Job Detail Form for each job listed in Section 3, question 19.**

JOB # _____			
Employer's Name (include any self-employment) _____			
Employer's Street Address _____	City _____	State _____	ZIP Code _____
Dates of Employment _____			
Rate of Pay \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year			
Hours per day _____		Days per week _____	
<i>Describe this job.</i> In this job, how many total hours each day did you:			
Walk _____	Stand _____	Sit _____	Climb _____
Reach _____			
Stoop (Bend down & forward at waist) _____	Crawl (Move on hands & knees) _____		_____
Kneel (Bend legs to rest on knees) _____	Handle, grab or grasp big objects _____		_____
Crouch (Bend legs & back down & forward) _____	Write, type or handle small objects _____		_____
<i>Lifting and Carrying.</i> Explain what you lifted, how far you carried it, and how often you did this.			
Check the <b>heaviest</b> weight lifted: <input type="checkbox"/> Less than 10 lbs. <input type="checkbox"/> 10 lbs. <input type="checkbox"/> 20 lbs. <input type="checkbox"/> 50 lbs. <input type="checkbox"/> 100 lbs. or more <input type="checkbox"/> Other _____			
Check weight you <b>frequently</b> lifted: (By frequently, we mean from 1/3 to 2/3 of the workday.) <input type="checkbox"/> Less than 10 lbs. <input type="checkbox"/> 10 lbs. <input type="checkbox"/> 25 lbs. <input type="checkbox"/> 50 lbs. or more <input type="checkbox"/> Other _____			
Did this job require you to work with the public?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe: _____			
Did this job require you to use machines, tools or equipment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe: _____			
Did this job require you to use technical knowledge or skills?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe: _____			
Did this job require you to perform any duties such as writing, completing reports, etc.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe: _____			
Did this job require you to supervise other people?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe: _____			

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_  
 (Claimant **must** sign)

Claimant's Name \_\_\_\_\_ Social security number XXX-XX- \_\_\_\_\_  
 (Printed or typed) (Last four digits)